

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

Re: Michael D. Simpson, A.P.R.N.  
License No.: 000678

Petition No. 2004-0618-012-010

**VOLUNTARY SURRENDER AND  
AGREEMENT NOT TO RENEW OR REINSTATE LICENSE**

Michael D. Simpson, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am or was licensed by the Department of Public Health (hereinafter "the Department") to practice as an advanced practical registered nurse. The license number I hold or held was 000678.
4. I hereby voluntarily surrender and agree not to renew or reinstate my license to practice as an advanced practice registered nurse in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2004-0618-012-010 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2004-0618-012-010 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate my license is a reportable event and is public information.

VOLSUR

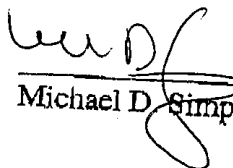
7/98 13-1

2002

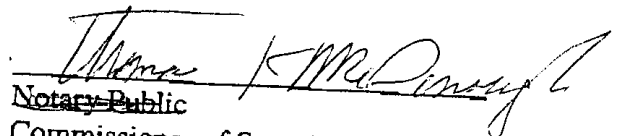
DPH LEGAL OFFICE

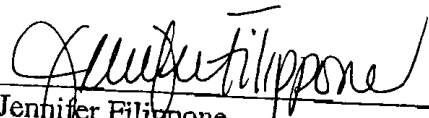
08/03/05 16:18 FAX 860 509 7650

9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2004-0618-012-010.
10. I understand that I have the right to consult with an attorney prior to signing this affidavit.
11. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

  
Michael D. Simpson

Subscribed and sworn to before me this 3rd day of August 2005.

  
~~Notary Public~~  
Commissioner of Superior Court  
THOMAS K. McDONOUGH  
Commissioner of the Superior Court  
Juris No. 100791  
8-17-05  
Date

Accepted:   
Jennifer Filippone  
Practitioner Licensing and Investigations  
Healthcare Systems Branch  
s:llf/Simpson/2Volsur